## APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: LCD ILLUMINATING DEVICE

described	and clain	med in th	e specification:	
Check or	1e			,
	* a.	$\boxtimes$	attached hereto.	
	b.		filed on as Application Serial No	

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed: Japanese Patent Application No. 2000-110444 filed April 12, 2000

Japanese Patent Application No. 2000-119060 filed April 20, 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Caroline D. Dennison, Reg. No. 34,494; and Stephen J. Roe, Reg. No. 34,463.

## ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name				
	of Sole or First Inventor	Tsutomu		WAKABAYASHI	
		Given Name	Middle Initial	Family Name	
2	Inventor's Signature	Tsutomu		Wakabayashi	
3	Date of Signature	April	9	_ 200	
	Residence:	Kohama-Shi	Day Kanagawa-ken,	JAPAN Year	
	Citizenship: Japan	City	State or Province	Country	
	Post Office Addre	ss: C/O NIKON	C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,		
	(Insert complete mailin address, including cour	•	TOKYO 100-8331 JAPAN .		

If Box a. is checked, this form may be executed only when attached to the specification (including claims). Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing

1	of Second Joint Inventor (if	Akihiro		SUGIYAMA
	any)	Given Name	Middle Initial	Family Name
2	Inventor's Signature:	Akihiro		Sugiyama
3	Date of Signature:	Apr	9 _	2001
3	Residence: KAWAS	4KI-SHI	KANAGAWA - KEN	Year JAPAN Country
	Citizenship: Japan	City	State of Flovince	Country
	Post Office Address:	C/O NIKON CO	RPORATION, 2-3, Marunouchi	3-chome,
	(Insert complete mailing address, including country)	Chiyoda-ku, TO	KYO 100-8331 JAPAN	
1	Typewritten Full Name of Third Joint Inventor (if any)	Shinichi		TSUKADA
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	Shinich	× /	Tsukada
3	Date of Signature:			
2		Month	Day	Year 200/
	Residence:	City APr.	State or Province	Country
	Citizenship: Japan 1	oride-shi	, Ibarugi-ken	JAPAN
	Post Office Address:	C/O NIKON CO	ORPORATION, 2-3, Marunovchi	3-chome,
	(Insert complete mailing address, including country)	Chivoda-ku, TO	KYO 100-8331 JAPAN	
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
3	pare of significant	Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:	City	Diago of Frontier	
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name			
	of Fifth Joint Inventor (if any)	Given Nam	ne Middle Initial	Family Name
2	Inventor's Signature:			
	Date of Signature:			
3		Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:	City	Ottile of Frontier	y
	Post Office Address: (Insert complete mailing address, including country)			

\*Note to Inventor: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

1	Typewritten Full Name of Second Joint Inventor (if any)	Akihiro		SUGIYAMA		
	wi+yj	Given Name	Middle Initial	Family Name		
2	Inventor's Signature:					
3	Date of Signature:					
	Residence:	Month	Day	Year		
	Citizenship: Japan	City	State or Province	Country		
	Post Office Address:	C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,				
	(Insert complete mailing address, including country)	Chiyoda-ku, TOKYO	) 100-8331 JAPAN	·		
	Typewritten Full Name of Third Joint Inventor (if any)	Shinichi		TSUKADA		
	<b></b>	Given Name	Middle Initial	Family Name		
	Inventor's Signature:	Shimichi		Jsukada		
	Date of Signature:	_ Apr.	9	200/		
	Residence: To	Month ride -shi	Day Iburaki-ken	Year Japan		
		City	State or Province	Country		
	Citizenship: Japan	C/O NIIZON CODDO	DATION 2.2 Magnagahi 2.	ahama		
	Post Office Address: (Insert complete mailing address, including country)	C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome, Chiyoda-ku, TOKYO 100-8331 JAPAN				
	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name		
	T	Olven I tullio	Wilder Hillier	Tuminy Tumic		
	Inventor's Signature:					
	Date of Signature:	Month	Day	Year -		
	Residence:		·			
	Citizenship:	City	State or Province	Country		
	Post Office Address: (Insert complete mailing address, including country)					
	Typewritten Full Name of Fifth Joint Inventor (if any)					
		Given Name	Middle Initial	Family Name		
	Inventor's Signature:					
	Date of Signature:	Month	Den	Vara		
	Residence:	Month	Day	Year		
	Citizenship:	City	State or Province	Country		
	Post Office Address: (Insert complete mailing					
*Note	address, including country) to Inventor: Please sign name, exactly as it a	annears and insert the actual dat	e of cianing			

Note to Inventor: Please sign name exactly as it appears and insert the actual date of signing.

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